



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/11/23 PLEASE PRINT Time: 11:23

Agenda/Item Number: E-4

Issue: _____

Name: CLARA MONSEOUR

Mailing address: 4100 SALZEDO ST

City: CORAL GABLES State/Zip: 33146

Phone: 305 - 926 - 6359 E-mail: Kalala57@hotmail.com

Are you a registered lobbyist with the City of Coral Gables?

- Yes
- No

Representing: _____

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

Signature _____

Pursuant to Article I, Section 24 of the Florida Constitution, this document, and information contained therein, is a public record.



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PLEASE PRINT

Date: 7-11 Time: 10:30

Agenda/Item Number: E-4

Issue: The Avenue

Name: JAMES DOCKERTY

Mailing address: 1230 CATALONIA AVE

City: C-6 State/Zip: FL 33134

Phone: 305-582-6927 E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature: James Dockerty

Pursuant to Article I, Section 24 of the Florida Constitution, this document, and information contained therein, is a public record.



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Date: 7/11/23 Time: _____

Agenda/Item Number: E-4

Issue: Maria Cruz

Name: _____

Mailing address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature: Maria Cruz

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